

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551473

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1			
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14	1	1	1	1		
15						
16	1	1	1	1		
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28	1	1	1			
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31			1			
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50						
TOTAL IND.			6	6		
TOTAL DEP.		25	25	25		
TOTAL CLAIMS		31				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				6		
TOTAL DEP.				25		
TOTAL CLAIMS						

BEST AVAILABLE COPY